

Michigan Department of History Arts and Libraries
Michigan Council for Arts and Cultural Affairs
P.O. Box 30706
Lansing, MI 48909
Capital Improvement Program
Fiscal Year 2009

SAMPLE

RIDER A

Description of Project Activities / Work Schedule

Date: ____ / ____ / 2008-09

Project Title Community Historical Museum Renovation		
Applicant: My Town, Michigan	Organization (if applicable) Mytown Museum	
Address 1 Mytown Museum Street		Zip Code 48888
Contact Person ANITA GRANT	Title Manager	Telephone Number (555) 555-5555
Project begin date 11-30-0X	Project end date 9-30-200X	

List in Chronological / sequential order each major activity in project completion:

Activity Number	Activity	Begin Date	End Date
1	Architectural Engineering plan specifications	11-30-0x	1-1-200x
2	Prepare and distribute bids	1-2-200x	2-23-200x
3	Review bids 7 award contract	3-23-200x	4-7-200x
4	Roof museum	4-8-200x	5-24-200x
5	Install heating system	4-10-200x	5-31-200x
6	Renovate - repair-rehabilitate rest rooms	4-15-200x	6-15-200x
7	Complete interior rehabilitation	6-1-200x	6-31-200x
8	Inspections and Project complete		7-31-200x
9			
10			

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Fiscal Year 2009

RIDER A
Description of Project Activities / Work Schedule
Date: _____

Project Title		
Applicant:	Organization (if applicable)	
Address	Zip Code	
Contact Person	Title	Telephone Number
Project begin date (not prior to 10/01/08)	Project end date (not after 09/30/09)	

List in Chronological / sequential order each major activity in project completion:

Activity Number	Activity	Begin Date	End Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			